

<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>Tuesday 5 March 2019</b>
<b>Title of report:</b>	<b>Better Care Fund Quarter 2 and 3 report 2018/19</b>
<b>Report by:</b>	<b>Director of adults and communities</b>

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose and summary**

To review the better care fund 2018/19 quarter two and three national performance report, as per the requirements of the programme. In summary, the report identified the following points:

- Herefordshire is currently on track to meet the ambition rate for the national metric for non-elective admissions;
- achieving the ambition rates for the proportion of older people who were still at home 91 days after discharge from the reablement service and delayed transfers of care both continue to pose significant challenge to partners;
- partners continue to work together to progress integration plans and jointly agreed funding allocations are in place for the improved better care fund, which meet the grant conditions and align to the national high impact change model, as required.

## **Recommendation(s)**

**That:**

- (a) the better care fund (BCF) quarter two and three performance reports, at appendix 1 and 2 as submitted to NHS England, be reviewed; and**
- (b) the board determine any actions it wishes to recommend to secure improvement in**

**efficiency or performance.**

## **Alternative options**

1. There are no alternative options. The content of the returns have already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines, however this gives the board an opportunity to review and provide feedback.

## **Key considerations**

2. The national submission deadlines for the quarter two and three performance returns have already passed and therefore the board is requested to note the completed data, at appendix one and two, following its submission to NHS England.
3. As detailed in both the quarter two and three reports, recent performance indicates that Herefordshire is on track to meet the ambition for the national metric of reducing the rate of non-elective admissions. A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible, including Hospital at Home, Falls Response service and Home First.
4. Achieving the ambition rate for delayed transfers of care (DToC) continues to pose a challenge to all partners across the health and social care system in Herefordshire. Whilst partners have agreed to align DToC targets to the national ambitions, it is recognised that achieving this will require substantial performance progress.
5. To support DToC improvements, partners are working together to deliver the high impact change model action plan, as required. Achieving progress in each of these areas will assist in improving flow throughout the system and achieving DToC reductions. Key actions within this include the introduction of the Trusted Assessor model, the appointment of an Integrated Discharge Lead to support a joint hospital discharge pathway and the development and implementation of discharge to assess provision.
6. In addition to the above, a DToC peer review is scheduled to take place during quarter four that will assist partners in identifying and developing areas for improvement.
7. Capacity within the care home market in Herefordshire continues to impact upon the ability to achieve the ambition rate of permanent admissions into residential care, specifically in relation to complex nursing care provision. Partners continue to support individuals in the community and facilitate independence, therefore reducing the rate of admissions into residential and nursing care. The adult social care pathway redesign has been implemented and is delivering a strength-based approach and a robust placement panel process is in place to consider and provide alternatives, where possible.
8. Home First, the redesigned community reablement service delivered by the local authority, continues to experience recruitment challenges, which impacts upon the service capacity available. The year to date performance of the proportion of older people who were still at home 91 days after discharge from the reablement service was 71.4% at the end of December 2018, against an ambition of 80%. The service continues to develop and deliver the service review implementation plan.
9. Throughout quarters two and three partners have continued to discuss and develop integration arrangements. Further progress has been made in relation to a number of key

integration work areas. Herefordshire's Integrated Urgent Care Model - a multi agency delivery group has been established to lead on the implementation of a number of key schemes within this model. This includes the Integrated Discharge Team Function and Integrated Community Capacity Function.

10. As described within the report at appendix one, the Integrated Discharge Team will be made up of a group of professionals from both Social Care and Health who will work together to ensure the safe and timely discharge of patients. The Integrated Discharge Team will provide a service where the main aims are:
  - a. that discharge planning begins at the point of admission to the hospital;
  - b. The outline assessment of complex patients' needs prior to discharge is undertaken;
  - c. to provide ward staff with support, education and training regarding discharge planning of both simple and complex patient discharges;
  - d. to work collaboratively with community agencies such as Continuing Health Care, Therapists, Social Services and Community Matrons to ensure that patient needs have been correctly assessed and is appropriately met on discharge;
  - e. to ensure the development of existing discharge services and transfer of care into community settings by developing key relationships with community services; and
  - f. to develop and produce discharge information and literature for our patients regarding the discharge process to assist them and prevent delays in their discharge.

## **Community impact**

11. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

## **Equality duty**

12. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
13. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account.

14. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
15. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

## Resource implications

16. The finance position of the better care fund represents the forecast outturn at month 9 (December 2018), the most recent month available.
17. Overall the schemes that comprise the section 75 agreement have a net overspend of £1,406k (2.6%), chiefly due to a forecast overspend in the in-county care packages and the Integrated Community Equipment Store.
18. The table below shows a summary forecast outturn at month seven (December 2018) for the schemes that comprise the section 75 agreement. A more detailed forecast for each pool within the section 75 agreement is available upon request.

Section 75 Agreement Finance Summary 2018/19 Forecast Out-turn at Month 9 (December)	Plan	Forecast Spend	Forecast (Under) / Over Spend	% (Under) / Over Spend
	£'000	£'000	£'000	
Spending on Social Care Services (PASC)	4,760	4,718	(42)	(0.9%)
Spending on Social Care Services (Care Act)	479	479	0	0.0%
<b>Sub-Total- Spending on Social Care from Minimum Mandatory Fund</b>	<b>5,240</b>	<b>5,198</b>	<b>(42)</b>	<b>(0.8%)</b>
NHS Commissioned Out of Hospital Care	6,947	6,947	0	0.0%
<b>Sub Total- Mandatory Minimum BCF Contribution from CCG</b>	<b>12,187</b>	<b>12,145</b>	<b>(42)</b>	<b>(0.3%)</b>
Disabled Facilities Grant (Capital)	1,853	1,853	0	0.0%

<b>Total Pool 1- Mandatory Better Care Fund Contributions</b>	<b>14,040</b>	<b>13,998</b>	<b>(42)</b>	<b>(0.3%)</b>
Herefordshire CCG Funded Packages	9,564	9,574	10	0.1%
Herefordshire Council Funded Packages	21,359	23,151	1,791	8.4%
<b>Total Pool 2- Additional Better Care Fund Contributions</b>	<b>30,923</b>	<b>32,725</b>	<b>1,801</b>	<b>5.8%</b>
Improving Integrated Commissioning Capacity	226	240	13	5.9%
Meeting Adult Social Care Needs	3,285	3,276	(8)	(0.3%)
Reducing Pressures on the NHS including Supporting Hospital Discharge	971	1,024	52	5.4%
Supporting Local Social Care Provider Market	200	159	(41)	(20.3%)
<b>Total Pool 3- Improved Better Care Fund (IBCF)</b>	<b>4,722</b>	<b>4,699</b>	<b>(23)</b>	<b>(0.5%)</b>
Children's' Commissioning Unit	80	80	0	0.0%
Children's' Short Breaks	440	440	0	0.0%
Children's' Complex Needs Solutions	3,493	2,653	(840)	(24.0%)
Children's' Safeguarding Board	214	214	0	0.0%
<b>Total Pool 4- Children's' Services</b>	<b>4,227</b>	<b>3,387</b>	<b>(840)</b>	<b>(19.9%)</b>
Integrated Community Equipment Store	1,000	1,510	510	51.0%
<b>Total Pool 5- Integrated Community Equipment Store</b>	<b>1,000</b>	<b>1,510</b>	<b>510</b>	<b>51.0%</b>
<b>Total Section 75 Agreement</b>	<b>54,913</b>	<b>56,319</b>	<b>1,406</b>	<b>2.6%</b>

## Legal implications

19. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to

instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

## **Risk management**

20. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
21. In relation to the iBCF funding element of this report, there is a risk that if the funding has not been spent in year, then the Department for Communities and Local Government may clawback any underspend at year end, which would reduce the impact and outcomes achieved. Actual spend is monitored by the better care partnership group (BCPG) on a monthly basis. Any slippage in spend will be identified as soon as possible and will be reallocated to other schemes, following the agreement from both the council and CCG.
22. There is a risk that the schemes invested in do not achieve the desired outcomes and impact planned. In order to mitigate this implementation milestones and clear outcomes have been agreed for each scheme, the delivery of which will be monitored on a regular basis by a dedicated project manager and reported to the BCPG.
23. Partners continue to work together to ensure sufficient schemes are in place and that the risks identified are mitigated.

## **Consultees**

24. The content of the returns have already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the national deadlines.

## **Appendices**

Appendix 1 – Better care fund quarter two 2018/19 report

Appendix 2 – Better care fund quarter three 2018/19 report

## **Background papers**

None.